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## \*BIBDATASHEET\*

Bib Data Sheet

CONFIRMATION NO. 6101

SERIAL NUMBER 09/724,570	FILING DATE 11/28/2000 RULE	CLASS 514	GROUP ART UNIT 1647	ATTORNEY DOCKET NO. 15270-005914
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 09/585,817 06/01/2000  
 which is a CIP of 09/580,015 05/26/2000 ABN  
 which is a CIP of 09/322,289 05/28/1999  
 which is a CIP of 09/201,430 11/30/1998 PAT 6,787,523  
 which claims benefit of 60/080,970 04/07/1998  
 and claims benefit of 60/067,740 12/02/1997

*which claims benefit of 60/137,010 01/100*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*DONE*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 11/08/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	<i>Stiles</i> <i>ex</i> Examiner's Signature Initials	CA	16	87	5

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TITLE *PASSIVE IMMUNIZATION OF ASCR FOR  
 PRION DISORDERS*  
 Prevention and treatment of amyloidogenic disease

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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